

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re: Mariana Florea

case No. 8-16-73862-reg

Chapter: 13

Debtor(s)

Mariana Florea, Debtor in the above case
respectfully request an extension of
time to file the remaining documents
and schedules.

U.S. BANKRUPTCY CLERK
EASTERN DISTRICT COURT
OF NEW YORK

2016 SEP -6 AM 11:42

RECEIVED

Mariana Florea by Alex Florea
Attorney in fact
Mariana Florea by Alexe Florea

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

IN WITNESS WHEREOF I have hereunto signed my name this 20 day of July, 2000.

(YOU SIGN HERE:)

Mariana Florea

(Signature of Principal)

The statute requires that this instrument be acknowledged by the principal. No express provision is made for proof by subscribing witness.

STATE OF NEW YORK, COUNTY OF Suffolk } ss.:

On the 20 day of July, 2000, before me personally came

Mariana Florea

to me known to be the individual described in and who executed the foregoing instrument and acknowledged that she executed the same.

Keith A. Gossweiler
Notary Public - State of New York
Registration #01N056348 Public
Qualified in Suffolk County
My Commission Expires Dec. 20, 2001

STATE OF NEW YORK, COUNTY OF } ss.:

On the 19 day of July, 2000, before me personally came

to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same.

AFFIDAVIT OF EFFECTIVENESS *

STATE OF NEW YORK, COUNTY OF

} ss.:

....., residing at being duly sworn does depose and say that I am the Attorney-in-Fact under the above Power of Attorney. That said Power of Attorney is a valid and subsisting Power which has not been revoked by the death of the principal(s) or otherwise; that I have no actual knowledge of a revocation of the foregoing Power; and, I warrant and represent that I have full and unqualified authority to execute the [Deed, Mortgage, etc.] knowing that will rely upon the representations made herein as inducement to accept such instrument(s) and this Power of Attorney as evidence of my authority to act.

SWORN AND SUBSCRIBED TO BEFORE ME THIS DAY OF

, 19

Attorney in Fact

(Notary Affix Stamp at Right)

Durable General Power of Attorney

REVISED STATUTORY SHORT FORM

TITLE NO. _____

DISTRICT

SECTION

BLOCK

LOT

COUNTY OR TOWN

To

RECORDED AT THE REQUEST OF
Fidelity National Title Insurance Company of New York
RETURN BY MAIL TO:



**FIDELITY NATIONAL TITLE
INSURANCE COMPANY OF NY**
"Appreciate the Fidelity Difference!"
Member New York State Land Title Association

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DURABLE GENERAL POWER OF ATTORNEY**NEW YORK STATUTORY SHORT FORM****THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPETENT**

(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTION 5-1502A THROUGH 5-1503 WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.)

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, MARIANA FLOREA residing at 41 Pond Place, Babylon, New York 11702

(insert your name and address)

do hereby appoint: ALEXE FLOREA residing at 41 Pond Place, Babylon, New York 11702

(If 1 person is to be appointed agent, insert the name and address of your agent above)

..... residing at

..... residing at

..... residing at

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorney(s)-in-fact **TO ACT** (If more than one agent is designated, **CHOOSE ONE** of the following two choices by putting your initials in **ONE** of the blank spaces to the left of your choice:)

Each agent may **SEPARATELY** act.

All agents must act **TOGETHER**.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)

- (A) real estate transactions;
- (B) chattel and goods transactions;
- (C) bond, share and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal relationships and affairs;
- (J) benefits from military service;
- (K) records, reports and statements;
- (L) retirement benefit transactions;

- (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;
- (N) tax matters;
- (O) all other matters;
- (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;
- (Q) each of the above matters identified by the following letters: ABCDEFGHIJKLMNOP

MF

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)